| TRANSMITTAL FORM (to be used for all correspondence after initial filing) Total Number of Pages in This Submission | s are required to respond to a col Application Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number | Patent and Tollection of info 09/816,552 March 23, Igra 2179 | 2001 Iliam D. Jr. | | | | | | | | |
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| ENCLOSURES (Check all that apply) | | | | | | | | | | | |
| Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | Address | After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Return Receipt Postcard | | | | | | | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | | | | | | | | | |
| Firm Name Schwabe, Williamson & Wyatt, P.O. | | | | | | | | | | | |
| Signature | All | | | | | | | | | | |
| Printed name Robert C. Peck | | | | | | | | | | | |
| Date September 28, 2005 | | Reg. No. | 56,826 | | | | | | | | |
| CERTIFICATE OF TRANSMISSION/MAILING | | | | | | | | | | | |
| I hereby certify that this correspondence is being facsi sufficient postage as first class mail in an envelope ad the date shown below: Signature | mile transmitted to the USPT dressed to: Commissioner fo | O or depos r Patents, F | ited with the United States Postal Service with P.O. Box 1450, Alexandria, VA 22313-1450 on | | | | | | | | |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Typed or printed name

September 28, 2005

Date

PTO/SB/17 (12-04v2)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 Hr. 4818). FEE TRANSMITTAL FOR FY 2005 Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$\$) 500 Attorney Docket No. 109870-130113 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 500393. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Indicated below Indicated on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SMALL FEES FEE SMALL FEES SMALL FEES SMALL FEES SMALL FEES SMALL FEES SMALL FEES FEE SMALL FEES SMALL FEES SMALL FEES SMALL FEES SMALL FEES SMALL FEES FEE SMALL FEES SMALL FEES SMALL FEES FEE SMALL FEES FEE SMALL FEES FEE SMALL FEES SMALL FEES FE | Under the Respiework Reduction Ac | d of 1995 r | o persons are requir | red to re | spond to a collection | of infor | mation unles | s it displays | a valid OMB co | introl number | | | |
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| TOTAL AMOUNT OF PAYMENT (\$) 500 Attorney Docket No. 109870-130113 METHOD OF PAYMENT (check all that apply) Check | Applicant deline and leading the status Con 27 CED 4 27 | | | | Examiner Name | Hutton, V | utton, William D. Jr. | | | | | | |
| METHOD OF PAYMENT (check all that apply) ✓ Check | | <u> </u> | See 37 CFR 1.27 | \dashv | Art Unit 2179 | | | | | | | | |
| ✓ Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number. 500393 Deposit Account Name: Schwabe Williamson et al. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee ✓ Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Fee (\$) Fee (\$) <td>TOTAL AMOUNT OF PAYMEN</td> <td>T (\$)</td> <td>500</td> <td></td> <td>Attorney Docket</td> <td>No.</td> <td>109870-</td> <td>130113</td> <td></td> <td></td> | TOTAL AMOUNT OF PAYMEN | T (\$) | 500 | | Attorney Docket | No. | 109870- | 130113 | | | | | |
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| HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE | | | | | | | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer | If the specification and dra- | wings ex | | | | | | | | | | | |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | r small en | itity) for e | each addition | nal 50 | | | |
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| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$) | s Paid (\$) | | | | | | | | | | | | |
| Other (e.g. late filing surcharge) Appeal Brief-Filing Fee 500 | | | | | | | | | | | | | |
| CURANTED DV | | | | | | | | | | | | | |
| Signature Registration No. 56 926 Telephone 503 222 9984 | SUBMITTED BY Signature | 11 | / | | Registration No. 5 | 6 826 | | Telephon | 1e 503 222 99s | 31 | | | |
| Name (Print/Type) Robert C. Peck Date September 28, 2005 | 1/200 | Attorney/Agent) 5 | 0,020 | | | | | | | | | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.